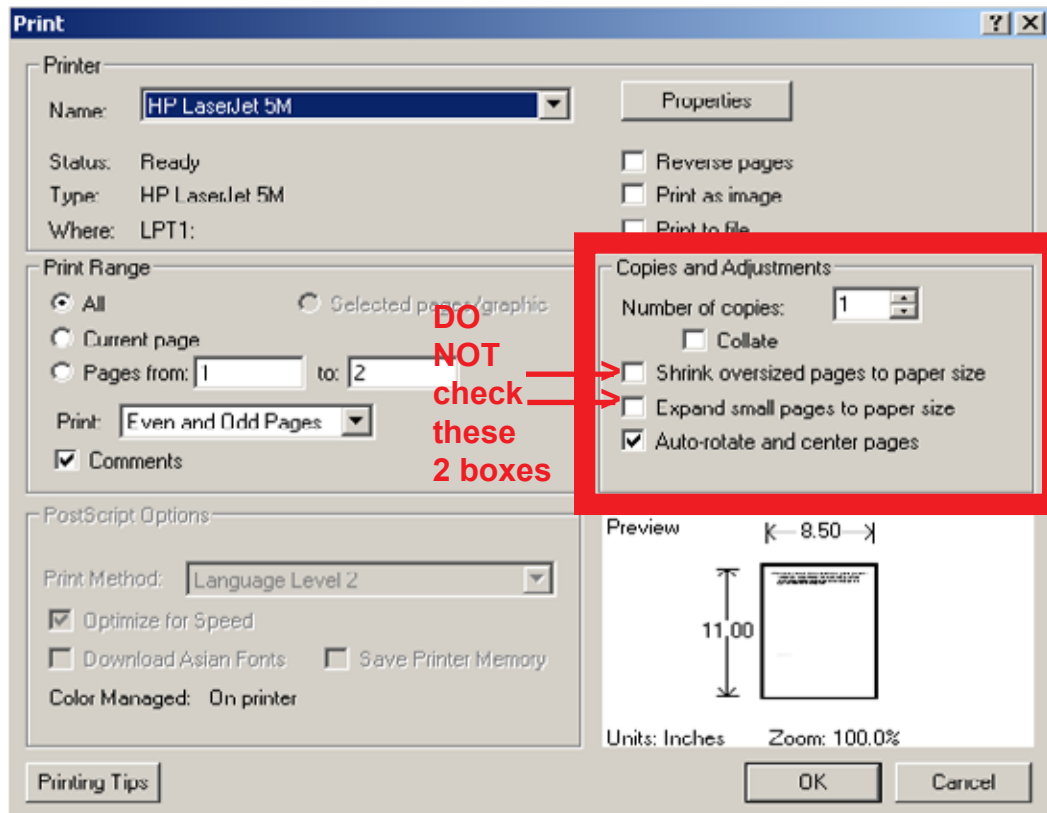


Please read this before you print.

To print applications correctly, it is important to set up your print request as shown below. In the Adobe Acrobat Print dialog box, you must check the box “Auto-rotate and center pages.” Do **not** check the Shrink or Expand



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A. Contents:

Optometry Licensure Application Packet

1. 662-097 ... Contents List/SSN Information/Deposit Slip	1 page
2. 662-079 ... Application Instructions for Optometry Licensure	2 pages
3. 662-092 ... Application for Optometry Licensure	4 pages
4. 662-062 ... Verification of Licensure	1 page
5. 662-061 ... Letter of Recommendation—Board of Optometry Examiners	1 page
6. 662-078 ... Jurisprudence Exam	3 pages
7. 662-095 ... Optometry License Endorsement And Related WACs	2 pages
8. 662-096 ... Optometry Certification For Administration Of Epinephrine By Injection For Treatment Of Anaphylactic Shock	1 page

B. Important Social Security Number Information:

- * Federal and state laws require the Department of Health to collect your Social Security Number before your professional license can be issued. A U.S. Individual Taxpayer Identification Number (ITIN) or a Canadian Social Insurance Number (SIN) cannot be substituted. If you submit an application but do not provide your Social Security Number, you will not be issued a professional license and your application fee is not refundable.
- * Federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996, 42 USC 666, RCW 26.23 and WAC 246-12-340.

C. In order to process your request:

1. Complete the Deposit Slip below.
2. Cut Deposit Slip from this form on the dotted line below.
3. Send application with check and Deposit Slip to **PO Box 1099, Olympia, WA 98507-1099.**



Cut along this line and return the form below with your completed application and fees.



Optometry

DEPOSIT SLIP

NAME (Please Print)

Revenue Section
 P.O. Box 1099
 Olympia, Washington 98507-1099

DATE

Please note amount enclosed, and return with your application.

\$

- ☐ Check
☐ Money Order

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Application Instructions For Optometry Licensure

Eligibility:

To qualify for licensure in Washington, an applicant must:

- (a) Successfully complete the examination in treatment and management of ocular disease; (TMOD)
- (b) Successfully complete Parts I and II and Part III of the National Board of Examiners in Optometry (NBEO) Examinations. Part III must be successfully completed after January 1, 1993.
- (c) Graduate from a state accredited high school or equivalent;
- (d) Graduate from a school or college of optometry accredited by the Council on Optometric Education of the American Optometric Association and approved by the Washington State Board of Optometry;
- (e) Be of good moral character.

Credentialing By Endorsement:

An optometrist may be licensed without examination if the applicant is licensed in another state with licensing standards judged by the Board to be substantially equivalent to the standards in Washington. The application process is the same for examination or credentialing. Candidates for credentialing must provide a copy of the current law and regulation for the state from which they are credentialing. Applications for credentialing by endorsement are reviewed on an individual basis by the Washington State Board of Optometry.

All Applicants Must Submit:

- (1) A completed application on forms provided by the Board;
- (2) An official transcript showing date of graduation reported directly from an approved school of optometry;
- (3) National Board scores reported directly to our office from the NBEO;
- (4) TMOD scores reported directly to this office from the NBEO;
- (5) One (1) passport size photograph taken within one year of application. Sign and date the photo across the bottom and attach to the application
- (6) Verification of licensure status from all states, Canadian Provinces, or territories where applicant has been issued a license to practice optometry—whether active or inactive (form provided may be duplicated.);
- (7) 2 letters of recommendation. (forms provided)
- (8) Completed open book questionnaire on Washington State law relating to the practice of optometry (questionnaire provided).
- (9) Application fee of \$125.00. Please make check payable to Department of Health. **(All fees are non-refundable.)**
- (10) For certification to use pharmaceutical agents, candidates must submit documentation of approved didactic and clinical training as outlined below. (forms provided)

(11) Required documentation for affirmative responses to personal data questions.

Applications will be acknowledged and deficiencies noted.

Applications will not be considered complete until all required supporting documents are on file with the Board.

Applications for credentialing by endorsement will be reviewed by the Board of Optometry at its next regularly scheduled board meeting following completion of application.

Certification To Use Topical Pharmaceutical Agents

Not required for licensure in Washington.

For diagnostics, applicants must provide documented evidence of sixty (60) hours of approved didactic and clinical instruction in general and ocular pharmacology as applied to optometry. Such education must have occurred after July 1981.

For therapeutic purposes, applicants must provide documented evidence of an additional minimum of seventy-five (75) hours of approved didactic and clinical instruction established by the Board (See WAC 246-851-400). Education must have occurred after July 23, 1989.

Certification for use or prescription of drugs administered orally for diagnostic or therapeutic purposes.

Not required for licensure in Washington State.

Applicants must provide documentation that he or she is certified to use or prescribe topical drugs for diagnostic and therapeutic purposes, and that he or she has completed an additional minimum of sixteen hours of didactic and eight hours of supervised clinical instruction. (See WAC 246-851-570.) Certification must have been completed after May 1, 2004.

Certification for administration of epinephrine by injection for treatment of anaphylactic shock.

Not required for licensure in Washington State.

Applicants must provide documentation that he or she is certified to use or prescribe topical drugs for diagnostic and therapeutic purposes, and that he or she has completed an additional minimum of four hours of didactic and supervised clinical instruction. (See WAC 246-851-600.) Certification must be completed after May 1, 2004.

Application and fee should be sent to:

Department Of Health
Washington State Board Of Optometry
Post Office Box 1099
Olympia WA 98507-1099

All supporting documents should be sent to:

Department Of Health
Washington State Board Of Optometry
Post Office Box 47870
Olympia WA 98504-7870

If you have any questions, please contact Health Professions Section 4 at (360) 236-4825.



Health Professions Quality Assurance
P.O. Box 1099
Olympia, WA 98507-1099

FOR OFFICE USE ONLY

LICENSE #

ISSUANCE DATE

Application for Optometry License

Check Appropriate Box: ☐ National board ☐ Credentialing by Endorsement

Please Type or Print Clearly—Follow carefully all instructions in the general instructions provided. It is the responsibility of the applicant to submit or request to have submitted all required supporting documents. Failure to do so could result in a delay in processing your application. All applications must be accompanied by applicable fee. Make remittance payable to the Department of Health.

1. Demographic Information

APPLICANT'S NAME LAST FIRST MIDDLE NAME OR INITIAL

MAILING ADDRESS

CITY STATE ZIP COUNTY

NOTE: The mailing address you provide will be the address of record. Your license document will show this address and all correspondence from the Department will be sent to this address until you notify us in writing of a change. Pursuant to WAC 246-12-310, it is your responsibility to maintain a current mailing address on file with the Department. It will be released upon public request as it is the address of record.

BUSINESS TELEPHONE (ENTER THE NUMBER AT WHICH YOU CAN BE REACHED DURING **NORMAL BUSINESS HOURS**)

RESIDENCE TELEPHONE

SOCIAL SECURITY NUMBER (**Required** under 42 USC 666 and Chapter 26.23 RCW)

()

()

— —

GENDER

☐ Female ☐ Male

BIRTHDATE (MONTH/DAY/YEAR)

/ /

PLACE OF BIRTH (CITY/STATE)

Have you ever been known under any other name? ☐ Yes ☐ No

If yes, list full name(s)

HEIGHT

WEIGHT

EYE COLOR

HAIR COLOR

2. Previous Licensure

List all states where licenses are or were held. Specifically list licenses granted as temporary, reciprocity, exemption or similar with type, date, grantor, and if license is current. (Attach additional 8 1/2 x 11 sheets if necessary.)

Attach Current Photograph Here.
Indicate Date Taken and Sign in
Ink Across Bottom of the Photo.

NOTE: Photograph **Must** Be:

1. Original, not a photocopy
2. No larger than 2" X 2"
3. Taken within one year of application
4. Close up, front view—not profile
5. Instant Polaroid Photographs **not** acceptable

STATE OR OTHER JURISDICTION	PROFESSION	LICENSE TYPE	LICENSE		METHOD OF LICENSURE	ACTIVE	INACTIVE
			YEAR ISSUED	NUMBER			

3. Personal Data Questions

YES NO

1. Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? If yes, please explain..... ☐ ☐
- “Medical Condition”** includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction and alcoholism.
- 1a. If you answered “yes” to question 1, please explain whether and how the limitations or impairments caused by your medical condition are reduced or eliminated because you receive ongoing treatment (with or without medications).
- 1b. If you answered “yes” to question 1, please explain whether and how the limitations and impairments caused by your medical condition are reduced or eliminated because of your field of practice, the setting or the manner in which you have chosen to practice.
- (If you answered “yes” to question 1, the licensing authority (Board/Commission or Department as appropriate) will make an individualized assessment of the nature, the severity and the duration of the risks associated with an ongoing medical condition, the ongoing treatment, and the factors in “1b” so as to determine whether an unrestricted license should be issued, whether conditions should be imposed, or whether you are not eligible for licensure.)
2. Do you currently use chemical substance(s) in any way which impairs or limits your ability to practice your profession with reasonable skill and safety? If yes, please explain..... ☐ ☐
- “Currently”** means recently enough so that the use of drugs may have an ongoing impact on one’s functioning as a licensee, and includes at least the past two years.
- “Chemical substances”** includes alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber’s direction, as well as those used illegally.
3. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, voyeurism or frotteurism?..... ☐ ☐
4. Are you currently engaged in the illegal use of controlled substances? ☐ ☐
- “Currently”** means recently enough so that the use of drugs may have an ongoing impact on one’s functioning as a licensee, and includes at least the past two years.
- “Illegal use of controlled substances”** means the use of controlled substances obtained illegally (e.g., heroin, cocaine) as well as the use of legally obtained controlled substances, not taken in accordance with the directions of a licensed health care practitioner.
- Note:** If you answer “yes” to any of the remaining questions, provide an explanation and certified copies of all judgments, decisions, orders, agreements and surrenders. The Department does criminal background checks on all applicants.
5. Have you ever been convicted, entered a plea of guilty, nolo contendere or a plea of similar effect, or had prosecution or sentence deferred or suspended, in connection with:
- a. the use or distribution of controlled substances or legend drugs?..... ☐ ☐
- b. a charge of a sex offense?..... ☐ ☐
- c. any other crime, other than minor traffic infractions? (Including driving under the influence and reckless driving)..... ☐ ☐
6. Have you ever been found in any civil, administrative or criminal proceedings to have:
- a. possessed, used, prescribed for use, or distributed controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes, diverted controlled substances or legend drugs, violated any drug law, or prescribed controlled substances for yourself? ☐ ☐
- b. committed any act involving moral turpitude, dishonesty or corruption? ☐ ☐
- c. violated any state or federal law or rule regulating the practice of a health care professional? ☐ ☐
7. Have you ever been found in any proceeding to have violated any state or federal law or rule regulating the practice of a health care profession? If “yes”, explain and provide copies of all judgments, decisions, and agreements. ☐ ☐
8. Have you ever had any license, certificate, registration or other privilege to practice a health care profession denied, revoked, suspended, or restricted by a state, federal, or foreign authority, or have you ever surrendered such credential to avoid or in connection with action by such authority? ☐ ☐
9. Have you ever been named in any civil suit or suffered any civil judgment for incompetence, negligence or malpractice in connection with the practice of a health care profession? ☐ ☐

4. Education

In the spaces below, provide a chronological listing of your educational preparation and post-graduate training.
(Attach additional 8 1/2 x 11 sheets if necessary.)

SCHOOLS ATTENDED FULL NAME, CITY AND STATE	DEGREE EARNED	ATTENDANCE	
		FROM (MO/DAY/YR)	TO (MO/DAY/YR)

5. Professional Experience

In chronological order, list all professional experience. (Exclude activities listed under other sections.)
(Attach additional 8 1/2 x 11 sheets if necessary.)

INDICATE NATURE OF EXPERIENCE OR PRACTICE AND LOCATION	INCLUSIVE DATES OF EXPERIENCE	
	FROM (MO/DAY/YR)	TO (MO/DAY/YR)

6. AIDS Education and Training Attestation

I certify I have completed the minimum of four (4) hours of education in the prevention, transmission and treatment of AIDS, which included the topics of etiology and epidemiology, testing and counseling, infection control guidelines, clinical manifestations and treatment, legal and ethical issues to include confidentiality, and psychosocial issues to include special population considerations. I understand I must maintain records documenting said education for two (2) years and be prepared to submit those records to the Department if requested. I understand that should I provide any false information, my license may be denied, or if issued, suspended or revoked.

APPLICANT'S INITIALS	DATE
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7. Applicant's Attestation

I, _____, certify that I am the person described and identified
NAME OF APPLICANT

in this application; that I have read RCW 18.130.170 and 180 of the Uniform Disciplinary Act; and that I have answered all questions truthfully and completely, and the documentation provided in support of my application is, to the best of my knowledge, accurate. I further understand that the Department of Health may require additional information from me prior to making a determination regarding my application, and may independently validate conviction records with official state and federal databases.

I hereby authorize all hospitals, institutions or organizations, my references, employers (past and present), business and professional associates (past and present), and all governmental agencies and instrumentalities (local, state, federal, or foreign) to release to the Department any information files or records required by the Department in connection with processing this application.

I further affirm that I will keep the Department informed of any criminal charges and/or physical or mental conditions which jeopardize the quality of care rendered by me to the public.

Should I furnish any false or misleading information on this application, I hereby understand that such act shall constitute cause for the denial, suspension, or revocation of my license to practice in the State of Washington.

SIGNATURE OF APPLICANT

DATE

Official Use Only
Washington State Records Center



Health Professions Quality Assurance
Optometry Section
P.O. Box 47870
Olympia, WA 98504-7870

OD

Verification of Licensure Optometrist

To Applicant: Complete top portion in full and forward to state in which you hold or have held a license/certificate as a Optometrist (there may be a fee for this service).

Name (Last, First, Middle Initial) _____

Street Address _____

City _____ State _____ ZIP _____

License No. _____

I authorize the release of the information asked for below to the Washington State Board of Optometry.

Signature _____

All fees are the responsibility of the licensee named above.

To State Board: The above individual is applying for licensure as a Optometrist in Washington State. To assist the Board in their review, please complete the following information and return to the above address. Thank you for your cooperation.

Name of Licensee _____

License No. _____ Date of Issue _____ Expiration Date _____

License was issued on the basis of:

- ☐ Examination in your state: ☐ Written Examination ☐ Practical Examination
☐ Reciprocity/Endorsement from (indicate state) _____
☐ National Board Waiver
☐ Other (explain) _____

Has the applicant's license ever been suspended or revoked? ☐ Yes ☐ No

If yes, for what reason? _____

Has a complaint regarding this doctor ever been presented to your Board? ☐ Yes ☐ No

If yes, is the investigation still in progress? _____

If the investigation is complete, what was the Board's final action? _____

Please attach information and pertinent documents.

SEAL

SIGNATURE OF VERIFIER

TITLE

STATE BOARD

DATE

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Washington State Board Of Optometry
Post Office Box 47870
Olympia, WA 98504-7870

Board of Optometry Examiners Letter of Recommendation

Please complete this reference form and return it directly to the address shown above.

This is to certify that I have known _____ for _____

years, from _____ to _____, during which

period he/she was engaged in the study or active practice of optometry. To the best of my knowledge he/she is of good moral and professional character, is free from habits which might interfere with his/her professional activities and is worthy of holding a license to practice optometry in the state of Washington.

Additional comments: _____

Note: No member of the profession is expected to sign this recommendation who does not know the applicant personally or who is not willing to supply additional information concerning this person's character, standing and education, upon request from Health Professional Quality Assurance Division.

Your Name (Print) _____

Your Signature _____

Address _____

City/State/Zip _____

Daytime phone (____) _____

Licensed under the laws of _____

NAME OF STATE

to practice Optometry.

Should you have any questions, please feel free to call (360) 236-4825.

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Washington State Board of Optometry State Jurisprudence Questionnaire

Please circle the correct response

1. Doctors of optometry certified to use therapeutic pharmaceuticals must have completed:
 - a. 100 hours of pharmacology training
 - b. Five cases studies approved by the Board of Optometry
 - c. A minimum of 60 hours of didactic and clinical instruction in general and ocular pharmacology as applied to optometry and for therapeutic purposes an additional 75 hours of didactic and clinical instruction
 - d. The TMOD examination
2. Washington licensed optometrists with therapeutic drug certification shall include on the prescription his/her license number and the letters:
 - a. TX
 - b. DX
 - c. A & B endorsements
 - d. A endorsement
3. Washington licensed optometrists with therapeutic drug certification may provide all of the following services EXCEPT:
 - a. Fit contact lenses
 - b. Prescribe antibiotic eyedrops
 - c. Perform vision therapy
 - d. Perform laser surgery
4. Washington licensed optometrists renew their professional license annually on:
 - a. The first day of January
 - b. The first day of July
 - c. The date of original licensure
 - d. The licensee's birthday
5. How many hours of continuing education credit are required for license renewal?
 - a. 50 hours each year
 - b. 25 hours each year
 - c. 50 hours every two years
 - d. 100 hours every two years
6. Washington licensed optometrists practicing solely outside of Washington State may meet Washington requirements by:
 - a. Meeting the continuing education requirements of the state or territory in which they practice
 - b. Complete only correspondence courses from Washington State
 - c. Obtaining approval from the Washington Board of Optometry for each course completed
 - d. Travel to Washington State for all CE activities
7. Who maintains a record of the licensee's continuing education hours?
 - a. The Board of Optometry
 - b. The Department of Health
 - c. The licensee
 - d. The Washington Association of Optometric Physicians
8. How many hours will be granted for certified training in cardio-pulmonary resuscitation (CPR)?
 - a. Four hours per year
 - b. Ten hours in any two-year period
 - c. Nine hours per year
 - d. Nine hours in any two-year period
9. Continuing education credit is not normally granted for:
 - a. Reports on professional optometric literature
 - b. Preprogrammed education materials
 - c. Individual research, publications, and small group study
 - d. Courses related to a single product or device
10. Which of the following is NOT required as minimum equipment for a Washington licensed optometrist?
 - a. Slit lamp or biomicroscope
 - b. Tonometer
 - c. Visual field testing equipment
 - d. Binocular indirect ophthalmoscope

11. Washington licensed optometrists shall maintain patient records a minimum of:
 - a. Seven years
 - b. Ten years
 - c. Five years
 - d. Eight years
12. Which is NOT included in the scope of practice of Washington licensed optometrist?
 - a. Prescription of spectacle lenses
 - b. Treatment of glaucoma
 - c. Minor Surgery
 - d. Treatment of iritis
13. Which of the following is considered unprofessional conduct?
 - a. Providing false information when applying for a license
 - b. Misrepresentation or fraud in any aspect of the conduct of the business or profession
 - c. False or misleading advertising
 - d. All of the above
14. An authorization from a patient to a health care provider to disclose the patient's health information must:
 - a. Be in writing, dated, and signed by the patient
 - b. Identify the nature of the information to be disclosed
 - c. Identify the person to whom the information is to be disclosed
 - d. All of the above
15. A Washington licensed optometrist must provide a copy of the patient's prescription for corrective lenses at the completion of the eye examination. A licensee may refuse to give the patient a copy of the prescription if:
 - a. The lenses must be ordered
 - b. The patient has not paid, but only if the immediate payment is required if no ophthalmic goods were required
 - c. The patient also ordered contact lenses
 - d. The office policy does not provide for release of spectacle prescriptions
16. A notation of "OK for contacts" on the prescription for corrective lenses indicates to the practitioner fitting the contact lenses that:
 - a. The patient has been provided with trial lenses
 - b. The patient has expressed an interest in wearing contact lenses
 - c. The initial fitting and follow-up must be completed within six months of the date of the eye examination
 - d. The patient's vision plan covers contact lenses
17. A prescription may be written for less than two years if?
 - a. Warranted by the ocular health of the eye
 - b. The prescription is for extended wear contact lenses
 - c. The patient is new
 - d. The prescription is more than plus or minus three diopters
18. If a prescription is written for less than two years, the prescriber must:
 - a. Contact the optical lab
 - b. Send a notice to the patient prior to its expiration
 - c. Maintain a separate log of prescriptions that expire in less than two years
 - d. Enter an explanatory notation in the patient's record and provide a verbal explanation to the patient at the time of the eye examination
19. No practitioner may dispense contact lenses based on a prescription that is over:
 - a. One year old
 - b. Five years old
 - c. Two years old
 - d. Three years old
20. The finalized contact lens prescriptions shall be available to the patient or the patient's designated practitioner for replacement lenses and may be transmitted by:
 - a. Telephone
 - b. Facsimile or mail
 - c. Provided directly to the patient in writing
 - d. All of the above

21. What is the maximum number of days that optometrists may prescribe, dispense or administer a controlled substance in treating a particular patient for a single trauma episode, or condition or for pain associated with or related to the trauma, episode or condition?
- 5
 - 8
 - 10
 - 7
22. No optometrist may use, prescribe, dispense or administer:
- Decongestants
 - Oral corticosteroids
 - Antiviral agents
 - Analgesics
23. Optometrists may prescribe only the following controlled substances:
- Schedules I, II, and III
 - Schedules II, III, and IV
 - Schedules II, III, IV, and V
 - Schedules III, IV and V
24. Schedule III and IV controlled substances will have a maximum quantity count of:
- Thirty dosage units per prescription
 - Forty-five dosage units per prescription
 - Twenty dosage units per prescription
 - Sixty dosage units per prescription
25. All oral forms and dosages of antibiotic agents will be available for use excluding:
- Macrolides
 - Tetracyclines
 - Vancomycin
 - Sulfanomides

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Washington State Board Of Optometry
Post Office Box 47870
Olympia, WA 98504-7870

Optometry License Endorsements

Applicant's Name _____

Those person meeting the following criteria may request licensure endorsements to use/prescribe pharmaceutical agents in their scope of optometric practice. Specific certification requirements for licensure endorsements are on reverse side.

- ☐ **Diagnosis**—This is to certify that the applicant has completed a minimum of sixty (60) hours of didactic and clinical instruction in general and ocular pharmacology as established in WAC 246-851-400. **Education must be completed after July, 1981** _____
DATE EDUCATION COMPLETED

School Seal

NAME OF ACCREDITED INSTITUTION

SIGNATURE

- ☐ **Treatment**—This is to certify that the applicant has completed an additional minimum of seventy-five (75) hours of didactic and clinical instruction as established in WAC 246-851-400. **Education for treatment purposes must be completed after July 23, 1989** _____
DATE EDUCATION COMPLETED

School Seal

NAME OF ACCREDITED INSTITUTION

SIGNATURE

- ☐ **Oral**—This is to certify that the applicant has completed an additional minimum of sixteen (16) hours of didactic and eight (8) hours of supervised clinical instruction from an institution of higher learning, accredited by those agencies recognized by the United States Office of Education or the Council on Postsecondary Accreditation as established in WAC 246-851-570. **Education for oral certification must be completed after May 1, 2004.** _____
DATE EDUCATION COMPLETED

School Seal

NAME OF ACCREDITED INSTITUTION

SIGNATURE

For Topical Administration:

WAC 246-851-400 Certification required for use of pharmaceutical agents. (1) Licensed optometrists using pharmaceutical agents in the practice of optometry shall have a minimum of sixty hours of didactic and clinical instruction in general and ocular pharmacology as applied to optometry, and for therapeutic purposes an additional minimum seventy-five hours of didactic and clinical instruction, and certification from an institution of higher learning, accredited by those agencies recognized by the United States Office of Education or the Council on Post-Secondary Accreditation to qualify for certification by the optometry board to use drugs for diagnostic and therapeutic purposes.

(2) Optometrists must obtain the required instructions in both diagnostic and therapeutic categories in order to be eligible to qualify for certification to use drugs for therapeutic purposes.

(3) The instruction in ocular therapeutics must cover the following subject area in order to qualify for certification training:

- (a) Ocular pharmacology.
 - (i) Corneal barrier, blood-aqueous, /-retinal barrier.
 - (ii) Routes of drug administration for ocular disease.
 - (iii) Prescription writing and labeling.
 - (iv) Ocular side-effects of systemic drugs.
- (b) Anti-infectives.
 - (i) General principles of anti-infective drugs.
 - (ii) Antibacterial drugs.
 - (iii) Treatment of ocular bacterial infections.
 - (iv) Antiviral drugs.
 - (v) Treatment of ocular viral infections.
 - (vi) Antifungal drugs.
 - (vii) Treatment of ocular fungal infections.
 - (viii) Antiparasitic drugs.
 - (ix) Treatment of parasitic eye disease.
- (c) Anti-inflammatory drugs.
 - (i) Nonsteroidal anti-inflammatory drugs (NSAIDS).
 - (ii) General principles of mast-cell stabilizers.
 - (iii) Antihistamines.
 - (iv) Ocular decongestants.
 - (v) Treatment of allergic disease.
 - (vi) Treatment of inflammatory disease.
 - (vii) Cycloplegic drugs.
 - (viii) Treatment of ocular trauma.
 - (ix) Ocular lubricants.
 - (x) Hypertonic agents.
 - (xi) Antiglaucoma drugs.

Each subject area shall be covered in sufficient depth so that the optometrist will be informed about the general principles in the use of each drug category, drug side effects and contra indications, and for each disease covered the subjective symptoms, objective signs, diagnosis and recommended treatment and programs.

For Oral Administration:

WAC 246-851-570 Certification required for use or prescription of drugs administered orally for diagnostic or therapeutic purposes.

(1) To qualify for certification to use or prescribe drugs administered orally for diagnostic or therapeutic purposes, licensed optometrists must provide documentation that he or she:

(a) Are certified under RCW 18.53.010 (2)(b) to use or prescribe topical drugs for diagnostic and therapeutic purposes.

(b) Have successfully completed a minimum of sixteen hours of didactic and eight hours of supervised clinical instruction from an institution of higher learning, accredited by those agencies recognized by the United States Office of Education or the Council on Postsecondary Accreditation.

(2) The didactic instruction must include a minimum of sixteen hours in the following subject area:

- (a) Basic principles of systemic drug therapy;
- (b) Side effects, adverse reactions and drug interactions in systemic therapy;
- (c) Review of oral pharmaceuticals:
 - (i) Prescription writing;
 - (ii) Legal regulations in oral prescription writing;
 - (iii) Systemic antibacterials in primary eye care;
 - (iv) Systemic antivirals in eye care;
 - (v) Systemic antifungal in eye care;
 - (vi) Systemic antihistamines and decongestants and their uses in eye care;
 - (vii) Oral dry eye agents;
 - (viii) Anti-emetics and their use in eye care;
 - (ix) Systemic diuretics and their management of elevated IOP;
 - (x) Systemic epinephrine;
- (d) Review of systemic medication in ocular pain management:
 - (i) Legal regulations with scheduled medication;
 - (ii) Systemic nonsteroidal anti-inflammatory drugs (NSAIDS);
 - (iii) Systemic noncontrolled analgesics;
 - (iv) Systemic controlled substances;
- (e) Review of oral medications used for sedation and anti-anxiety properties in eye care:
 - (i) Controlled anti-anxiety/sedative substances;
 - (ii) Legal ramifications of prescribing anti-anxiety drugs;
 - (f) Review of systemic medications used during pregnancy and in pediatric eye care:
 - (i) Legal ramifications in prescribing to this population;
 - (ii) Dosage equivalent with pregnancy and pediatrics;
 - (iii) Medications to avoid with pregnancy and pediatrics;
 - (g) Applied systemic pharmacology:
 - (i) Eyelid and adnexal tissue;
 - (ii) Lacrimal system and peri-orbital sinuses;
 - (iii) Conjunctival and corneal disorders;
 - (iv) Iris and anterior chamber disorders;
 - (v) Posterior segment disorders;
 - (vi) Optic nerve disease;
 - (vii) Peripheral vascular disease and its relationship with ocular disease;
 - (viii) Atherosclerotic disease;
 - (ix) Other/course review.

(3) The supervised clinical instruction must include at least eight hours in the following subject areas:

- (a) Vital signs;
- (b) Auscultation;
- (c) Ear, nose and throat;
- (d) Screening neurological exam.
- (4) Written examination to cover required curriculum.



Washington State Board Of Optometry
Post Office Box 47870
Olympia, WA 98504-7870

Optometry Certification For Administration Of Epinephrine By Injection For Treatment Of Anaphylactic Shock

Applicant Name: _____

☐ **Certification For Administration Of Epinephrine By Injection For Treatment Of Anaphylactic Shock**

Those persons meeting the following criteria (a minimum of 4 hours of didactic and supervised clinical instruction as established in WAC 246-851-600) may request licensure endorsement to administer epinephrine by injection for the treatment of anaphylactic shock in their scope of optometric practice.

Education must be completed after May 1, 2004.

DATE EDUCATION COMPLETED

I certify the applicant has received a minimum of 4 hours of didactic and supervised clinical instruction as established in WAC 246-851-600

School Seal

NAME OF ACCREDITED INSTITUTION

SIGNATURE

WAC 246-851-600 Certification required for administration of epinephrine by injection for treatment of anaphylactic shock. (1) To qualify for certification to administer epinephrine by injection for anaphylactic shock, licensed optometrists must provide documentation that he or she:

- (a) Are certified under RCW 18.53.010 (2)(b) to use or prescribe topical drugs for diagnostic and therapeutic purposes.
- (b) Have successfully completed a minimum of four hours of didactic and supervised clinical instruction from an institution of higher learning, accredited by those agencies recognized by the United States Office of Education or the Council on Postsecondary Accreditation to qualify for certification by the optometry board to administer epinephrine by injection.

(2) The didactic instruction must include the following subject area:

- (a) Review of urgencies, emergencies and emergency-use agents;
- (b) Ocular urgencies:

- (i) Thermal burns-direct and photosensitivity-based ultraviolet burn;
- (ii) Electrical injury;
- (iii) Cryo-injury and frostbite;
- (iv) Insect stings and bites;
- (v) Punctures, perforations, and lacerations;
- (c) General urgencies and emergencies:
 - (i) Anaphylaxis;
 - (ii) Hypoglycemic crisis;
 - (iii) Narcotic overdose.
- (3) The supervised clinical instruction must include the following subject areas:
 - (a) Instrumentation;
 - (b) Informed consent;
 - (c) Preparation (patient and equipment);
 - (d) All routes of injections.
- (4) With the exception of the administration of epinephrine by injection for treatment of anaphylactic shock, no injections or infusions may be administered by an optometrist.